

Provider Type 59 Assisted Living Waiver Reimbursement Schedule

Date of last rate review: 11/2016

A rate review may or may not result in a change to the reimbursement rate.

The data contained in the schedule is made available to provide information and is not a guarantee by the State or the Department or its employees as to the present accuracy of the information provided herein. For example, coverage as well as an actual rate may have been revised or updated and may no longer be the same as posted on the website.

Note:

Procedure codes with a rate of \$0.00 are reimbursed at 62% of Usual and Customary charges unless noted otherwise in Nevada Medicaid policy.

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Specialty	Proc	Mod	Desc	Rate	Rate Begin
036	T1016		Case management	25.75	7/1/2006
048	T2031	U1	Assist living waiver/diem	20.00	7/1/2006
048	T2031	U2	Assist living waiver/diem	45.00	7/1/2006
048	T2031	U3	Assist living waiver/diem	60.00	7/1/2006
303	T1016		Case management	15.84	7/1/2006